



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
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**D412-709-017**  
**Job Sheet 187351**



Part No: D412-709-017

Job Qty: 1 ea

Part Name: Hinge Panel Door Replacement Window, Clear - Fits LH or RH



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 12/3/18

Job Tracking No:

Due Date: 12/12/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV C IPP Rev:B Removed Manufacturing 07-01-16 JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 1 Ea  |            | 12/12/18 | 0.00      | 0.00    | Start Up Stores/Pkg-1 |           | DEC 06 2018 |
| 110   | Packaging          | 1 pcs |            | 12/12/18 | 0.00      | 0.00    | Packaging1-4          |           | DEC 06 2018 |
| 120   | QC                 | 1 pcs |            | 12/12/18 | 0.00      | 0.00    | QC4                   |           | DEC 07 2018 |
| 130   | Packaging          | 1 pcs |            | 12/12/18 | 0.00      | 0.00    | Packaging3-2          |           | DEC 07 2018 |
| 135   | DC                 | 1 pcs |            | 12/12/18 | 0.00      | 0.00    | DC                    |           | DEC 10 2018 |
| 140   | QC21-FG            | 1 Ea  |            | 12/12/18 | 0.00      | 0.00    | QC21                  |           | DEC 10 2018 |

Part Op 110 - \*\*\*Inspection complete D2126 length of material needs to be check for any deformations, material build ups or issue Descriptions: that will lead to any rejections\*\*\*

120 - \*\*\*Inspection complete D2126 length of material needs to be check for any deformations, material build ups or issue that will lead to any rejections\*\*\*

130 - Identify and pack for shipping as per PPP D412-709-017 Location: \_\_\_\_\_ PPP Rev: \_\_\_\_\_

135 - Photocopy bluefile & type labels per PPPD412-709-017 CHG001

### Job BOM

| Part / Item | Component Name               | Quantity    | Operation             | Container |
|-------------|------------------------------|-------------|-----------------------|-----------|
| D2126-02    | Locking Seal (Sold Per Foot) | 6 ft (6 ea) | 90-Start up Operation | 5064896   |
| D3236-1     | Window                       | 1 Ea (1 ea) | 90-Start up Operation | 5099315   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D2126          | 6        | 576       | 0         |
|                       | D3236-1        | 1        | 1         | 0         |

### Part Specifications

is could not be found.

Plex 12/3/18 10:20 AM Dart.lajeunesse.marie



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Container No: S135452



Part: D412-709-017

Job No: 187351

Serial No/Batch: S135452

Revision:

Inspector:

Exp Date:

Instructions: TC STC SH04-31 Issue 1 of 1 FAA STC SR020581



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
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| <b>Job:</b> _____<br><b>Part No.</b> _____                                                                                                                                                                                                                                                                                                                                           |                                                          | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                               |                                                          | Sequence #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042)                  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                              |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Completed By</b>           |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Lead hand / Supervisor</b> |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
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| <b>Root Cause</b><br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Presservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |                                                          | <b>FAULT CATEGORY</b><br><table border="0"><tr><td><input type="checkbox"/> Pressure/Forced</td><td><input type="checkbox"/> Contamination</td><td><input type="checkbox"/> Power Loss/Surge</td><td><input type="checkbox"/> Positioned Wrong</td></tr><tr><td><input type="checkbox"/> Bending</td><td><input type="checkbox"/> Misaligned/off center</td><td><input type="checkbox"/> Folio/Program</td><td><input type="checkbox"/> Outside Tolerance</td></tr><tr><td><input type="checkbox"/> Crushing</td><td><input type="checkbox"/> BOM/Route</td><td><input type="checkbox"/> Grain Direction</td><td><input type="checkbox"/> Drawing</td></tr><tr><td><input type="checkbox"/> Cracks</td><td><input type="checkbox"/> Broken/Damage/Defect</td><td><input type="checkbox"/> Weld</td><td><input type="checkbox"/> Finish</td></tr><tr><td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td><td><input type="checkbox"/> Incomplete/Unclear Instructions</td><td><input type="checkbox"/> Wrong Stock Pulled</td><td><input type="checkbox"/> Part Lost/Missing</td></tr><tr><td><input type="checkbox"/> Marks/Chatter</td><td><input type="checkbox"/> Drill Holes</td><td><input type="checkbox"/> Out of Sequence</td><td><input type="checkbox"/> Misread</td></tr><tr><td><input type="checkbox"/> Mislabeled</td><td><input type="checkbox"/> Fit/Function</td><td><input type="checkbox"/> Off-set/Set-up</td><td></td></tr></table> |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Finish | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Misread | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Off-set/Set-up |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Contamination                   | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Positioned Wrong  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Misaligned/off center           | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Outside Tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> BOM/Route                       | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Drawing           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Broken/Damage/Defect            | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Finish            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Part Lost/Missing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Drill Holes                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Misread           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Fit/Function                    | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |